

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

INTOX DMT MAINTENANCE REPORT

RECEIVED

By Carol Day at 2:19 pm, Jul 21, 2015

Complete this report at the time of the regular n Complete this report whenever the instrument is Retain the original and send a copy within 15 d	s serviced or repaired and	whenever it is placed i		
INTOX DMT SN NAME OF AGENCY 500177 Missouri Sta		07/05/2015		
LOCATION OF INSTRUMENT (STREET AND CITY) Pulaski County Sheriff's Dept. 301 Histo		07:41:03		
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.				
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>07/05/2015 07:41:05</u> ☑ DETECTOR				
☑ PROGRAM	FILTER 1			
☑ SAMPLE CHAMBER 48.8°C ☑ FILTER 2				
☐ BREATH TUBE 44.4°C ☐ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS				
☑ STANDARD SUPPLIER GUTH	LOT#	13290	EXP. DATE 10/2	9/2015
SIMULATOR TEMP (34°C ± 0.2°C) 34.0	SIMULAT	OR SN <u>MP2147</u>	SIMULATOR EXP DATE	06/08/2016
<ul> <li>□ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)         Run three tests using a standard, All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used.</li> <li>□ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE</li> <li>□ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE</li> <li>□ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE</li> </ul>				
EST 1: 0.101 TEST 2: 0.101		TEST 3: 0.102		
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
REFUSALS: 0 004: 0	.0509: 0	.1014: 2	.1519: 1	OVER .19: 2
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MO ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	CDIFICATION THAT WAS MADE TO R	ESTORE THE INSTRUMENT TO	O OPERATE SATISFACTORILY AND V	ALLHE)
INSPECTING OFFICER SIGNATURE CPL. SO WARD TYPE II PERMIT NUMBER 240187	EXPIRATION DATE 04/22/2016	PRINT FULL NAME G A WEDDLE TELEPHONE NU 573-368-		
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services Southeast District Office 2875 James Blvd, Poplar Bluff, MO 63901				



## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All halances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.